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Headline: DoD leaders address TRICARE issues
By Linda D. Kozaryn, American Forces Press Service

WASHINGTON -- Complaints about TRICARE have not fallen on deaf ears. Defense leaders say they have heard about service members' frustrations, and plans are under way to fix the system.

Defense Secretary William S. Cohen told reporters in early January he would soon make a major announcement on how DoD plans to improve military health care. He and Army Gen. Henry Shelton, chairman of the Joint Chiefs of Staff, have both pledged that the improvement of health care is one of their top priorities in the year ahead.

Service members receive quality health care, but related

business practices are causing headaches, Mary Gerwin recently told the American Forces Press Service. After she visited troop bases in Italy and the Balkans, the deputy assistant defense secretary for health affairs said access to health care is a major concern to service members.

"Even though our surveys find that people are very happy and satisfied when they see the doctor and get the care they need, there is a problem getting appointments," Gerwin said. People complain about having to hold for long periods when they call to make an appointment and that it takes too long to get to see a doctor, she said. People feel that "access standards" allowing patients to be seen within a few days or a few weeks are not being met, she said.

DoD officials are determined to fix these types of problems. Dr. Sue Bailey, assistant defense secretary for health affairs, has directed that military treatment facilities adhere to established access standards and to have more of a standardized appointment system. Officials want to make it easier to get appointments and to ensure patients are directed to the right caregiver, Gerwin said.

"What we find sometimes is that patients will have a lot of their time wasted because they're sent to the wrong clinic," she said. A patient with a shoulder injury, for example, may be sent to a knee specialist. "They're sent to the wrong clinic because the person making the appointments from a centralized appointment system is not familiar with the actual clinic and what it does. So that's very frustrating from the patient's standpoint."

Service members also say they're having a difficult time getting claims paid, Gerwin said. Families are getting notices that the doctor bills have not been paid or, in cases where they paid the bill up front, service members are not getting reimbursed. Incorrectly completed claim forms are being returned to the provider, she noted, thereby delaying payment.

"We're working hard to fix the claims processing system so that a service member and his or her family will never get a notice that says the bill was not paid," Gerwin said. "That is our goal so that service members don't have the feeling that they're going to get bad credit because they had an unpaid bill."

DoD health affairs officials are addressing these problems in several ways. "We're reforming the claims process so that we're paying our claims in a shorter period of time," Gerwin said. "We're also trying to simplify the process so that it's easier for providers to submit claims."

Service members' concerns about care after retirement affect recruitment and retention. When they hear claims about broken promises from retirees in their communities, service members naturally question whether health care will be there for them when they retire," Gerwin explained. DoD is now exploring ways to best extend coverage to people over age 65. "At age 65, you're no longer eligible for CHAMPUS," she said. "That's why we have to find other ways of doing

it."

DoD officials are particularly concerned about caring for service members' families when units deploy. Service members should not have lingering concerns about their families' care, Gerwin said. "We have to try harder to get those bills paid on time, because health care is a high quality of life issue for our troops."

Many service members acknowledge that TRICARE is still fairly new and getting used to it is taking some time, Gerwin said. Commanders, in particular, say they need more education -- more help in being able to explain the program.

"We've got a big education effort under way," she said. "Our job is to simplify the system as much as possible and then educate commanders and people within the community so they're able to answer service members' and their families' questions."

Health care is complicated, Gerwin said. "We're trying to simplify the message as much as possible. We really encourage people to get good briefings when they sign so they know who to call for care and how that care is going to be delivered," she said.

Military and civilian consumers are dealing with many of the same health care issues, Gerwin noted. These include high prescription drug costs, claims processing snafus, a more complicated health care system, and patients having to do more to manage their own care.

"We can only go as fast as the overall health care industry does," she remarked. "What we can do is make sure we've adequately budgeted for our program, so we have enough to give that very good level care."

"A good example of that is our prescription drug costs. Much like the rest of the overall health care system, we have prescription drug costs that are skyrocketing. We have to make sure we put enough dollars in the system so the drugs are available for individuals."

DoD's goals, she said, are to "get the onus off the beneficiary" and make the system as easy to use as possible. "The major initiatives are to make sure those phones are answered, that people are able to get their appointments on time, that they get their claims paid, and that they feel they have the access to the care they deserve."

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Headline: Flu victims breathing easier with San Diego ventilators

By Doug Sayers, Naval Medical Center San Diego

SAN DIEGO, Calif. - Christmas was misery for many San Diego County residents this year. It seemed Santa brought the flu, the gift that just keeps giving. Into the new year, area hospital emergency rooms were packed, and hospitals filled quickly with flu sufferers.

With influenza comes respiratory problems, and getting oxygen to the lungs might require mechanical assistance in

the form of ventilators. For many area hospitals, Naval Medical Center San Diego is supplying those ventilators.

Ron Miller, head respiratory therapist at Balboa said requests to borrow ventilators have been coming in since before Christmas.

"Balboa has 20 ventilators loaned out to area hospitals all over the county," he said. "With ventilators from the USNS Mercy (T-AH 19) and from the Medical Center, we can just about meet their requests."

Before any of the ventilators get sent out, each one is inspected and certified to ensure they function properly. Cmdr. Tom Chohany, MSC, assistant director for administration said, "Our respiratory therapists and biomedical repair personnel have done an outstanding job getting the ventilators ready and out to the other hospitals. Not only have they made sure our patients have plenty of working ventilators, they've taken on the extra task of helping our neighbors who are relying on us."

This isn't the first time Balboa has been able to provide extra ventilators to the community. According to Miller, Balboa and Mercy were asked to send two dozen ventilators out during the flu epidemic of 1998. Miller said, "We were able to help out then, and I'm glad we were able to come through again. I'm proud of my therapists and the role we play in patient care -- whether at Balboa or helping area hospitals with ventilators."

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Headline: Improved TRICARE dental program is on the way
From TRICARE Management Activity

FALLS CHURCH, Va. --The TRICARE Management Activity (TMA) recently announced the release of the Request for Proposal (RFP) for offers on the world's largest dental insurance program - the TRICARE Dental Program (TDP).

This new "third generation" dental contract will be implemented February 1, 2001, and it will combine the TRICARE Selected Reserve Dental Program (TSRDP) and the TRICARE Family Member Dental Plan (TFMDP).

The TDP will provide improved dental coverage for active duty family members, and eligible reserve component personnel (Active Reserve and National Guard, Selected Reserve, Individual Ready Reserve) and their family members worldwide.

Since implementation of the TFMDP in 1987, just two dental insurance companies have administered it - originally Delta Dental of California, and currently United Concordia Companies, Inc.

This new third generation TDP has evolved into an enhanced program that will employ efficient commercial practices to administer this vital quality of life benefit, aimed at improving overall dental health for members by encouraging enrollment and use of the program.

A major improvement reduces the 24-month mandatory enrollment period, which previously barred some active duty

family members, and reserve component personnel and their family members from enrolling in the current TFMDP. The TDP requires the sponsor to have 12-months of service remaining at the time of enrollment.

"The TDP is a great dental program and we wanted to open the doors to allow more military members and their families to enroll in and use the program" said Capt. Lawrence McKinley, DC, TMA's senior consultant for dentistry.

The new plan also permits reservists and their family members to enroll in the TDP if the reservist is called to active duty in support of a contingency operation for more than 30 days but less than 12 months. Since most employer based dental policies require the employee to pay full premium costs while on active duty, the TDP provides the activated reservist and family members with a low cost, comprehensive dental program while on active duty. The reservist also has the option of enrolling his/her family members in the TDP and not themselves.

Enrollment in the TDP will also be more user friendly and efficient because the new contractor will administer the enrollment function instead of the personnel departments of the uniformed services. The contractor will have "real time" online access to DEERS to validate eligibility.

McKinley said, "We felt enrollment was best achieved through an experienced dental insurance company that performs this function as part of its commercial business practice."

Certain reservists and family members of incarcerated sponsors who were previously excluded from enrollment because they did not have an active payroll account will now be able to enroll because the contractor will directly bill them for their monthly premium.

Yet another improvement in the is an increase in the maximum benefit coverage: \$1,200 annual maximum for routine care and \$1,500 orthodontic lifetime maximum.

There is also a staged cost share structure that reduces cost shares for enlisted personnel (E1s to E4s). Because costs cause some lower ranking enlisted families to not seek dental care, the reduction in cost shares for some dental procedures will ease costs and encourage dental health.

Although the mandatory enrollment age for children is four years old, sponsors may enroll children at age one. The new TDP strongly encourages diagnostic and preventive dental care for children prior to the mandatory enrollment age.

Contractors must develop dental programs that encourage network providers to use recognized diagnostic and preventive guidelines for pediatric and adolescent dental care.

"Good dental health is an important facet of overall good health. As with medical preventive care, dental preventive care should start at a very early age," said McKinley. "One of TMA's primary goals for the TDP is to urge beneficiaries to seek early preventive dental care to avoid more serious

and more costly dental diseases."

Although the TDP contains many of the aspects of the current TFMDP, its approach is innovative. It incorporates the principal themes of increasing enrollment and encouraging early preventive dental care for the good of the beneficiaries' overall health.

"The TMA has worked very hard to design a dental program that promotes enrollment and use of this important dental benefit. All the improvements and enhancements in the program were developed with improving the dental health of the beneficiary in mind - the desired outcome being that people will take their dental health more seriously and enroll in and use the TDP," McKinley said.

The winning contractor will be announced in late spring 2000 and will begin the transition phase for implementing the new TDP program for a February 1, 2001, start-up.

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Headline: Millennium Veterans Act beefs up long-term care
By Jim Garamone American Forces Press Service

WASHINGTON -- Veterans will be entitled to improved, long-term care and other benefits thanks to a new law signed by President Clinton in November.

The comprehensive Veterans Millennium Health Care and Benefit Act directs the Department of Veterans Affairs to improve access to long-term care for disabled veterans. It also provides veterans with other health care benefits, new veterans' cemeteries and educational benefits.

The VA will also examine innovative ways to provide nursing home care and ways to help families. Specifically, the VA will provide geriatric evaluation, nursing home care - either in VA facilities or in community-based facilities, home care services, adult day health care, noninstitutional alternatives to nursing home care and respite care.

The new law includes provisions that:

- Extend the housing loan program for members of the reserve components who serve at least six years to 2007. The current program expires in 2003.
- Permit veterans to use their Montgomery GI Bill money to pay for preparatory courses such as those readying students to take the Scholastic Aptitude Test or the Graduate Record Exam.
- Authorize VA to pay reasonable emergency care costs for veterans who receive their medical care from VA.
- Authorize VA to provide care to TRICARE-eligible military retirees and Purple Heart recipients.
- Direct VA to examine the creation of six new national veterans' cemeteries. While not specifying where the new cemeteries should be, the law urges VA to closely examine such "underserved" areas as Detroit, Atlanta, Miami, Pittsburgh, Oklahoma City, and Sacramento, Calif.
- Add bronchiolo-alveolar carcinoma, a rare form of lung cancer not associated with tobacco use, to the list of service-connected diseases for Atomic Veterans.

- Authorize the American Battle Monuments Commission to borrow \$65 million from the U.S. Treasury to begin construction of the World War II Memorial in November 2000.

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Headline: Proper shoes help athletes avoid pain of defeat
By JO1 Duke Richardson, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- Feet bear much of the burden for most athletic activities. Selecting the right athletic shoe is as equally important as selecting the right golf club or tennis racket. A well-fitting, well-made and properly used athletic shoe can help reduce foot problems and increase performance.

"Feet are made to bear tremendous pressure," says Lt. Cmdr. Paul Spada, MC, a podiatric surgeon. "An average day of walking brings a force equal to several hundred tons to bear on the feet. Weight bearing sports like running and aerobics put even more pressure on the feet and ankles."

Selecting the right athletic footgear for each sport is important for overall foot health. There are athletic shoes for just about every sport:

- Cycling: The casual rider without foot problems can use cross-training shoes (i.e. combination cycling/hiking shoes), which provide support across the arch and instep in a shoe as well as the heel lift that cycling shoes give.

- Golf: Today's golf shoes are constructed using basic principles of athletic footwear. Advanced technological innovations keep golf shoes light and add strength.

- Running: Weight, foot structure, and running regimen should determine shoe choice. Shoes differ in size and shape among different brands and within the same brand. Proper fit is the key.

Tennis: Proper tennis shoes "give" enough to allow for side-to-side sliding. In addition, tennis shoes need to have padded toe boxes to prevent injuries.

Walking: The ideal walking shoe should be stable from side to side, well cushioned and it should enable you to walk smoothly. Running shoes are acceptable for walking, but specialty walking shoes tend to be slightly less cushioned, not as bulky and lighter than running shoes.

- Children's athletic shoes: It's not the brand name or price tag of an athletic shoe that makes the difference in a child's foot health. Foot care specialists agree it's often better to buy two pairs of less expensive shoes than a single expensive pair. This allows rotation in wearing to avoid rapid wear deterioration. Excessive wearing of the out-sole, loss of shoe counter support or wearing out in the mid-sole indicate it's time to replace the shoes.

General shoe buying tips:

- Shop for shoes later in the day; feet swell during the day

- Have your feet measured while you're standing.

- Try on shoes while you're wearing the same type of sock you'll be wearing with the shoe.

- Buy for the larger foot, both feet are rarely the same size.
- Always try on both shoes and walk in the shoes before buying them.
- Shoes should feel comfortable immediately, not needing a break-in period.
- Be sure that the widest part of your foot fits the widest part of the shoe.
- Because children's feet are constantly growing, allow at least one finger's width from the end of the longest toe to the tip of the shoe.

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Headline: Anthrax question and answer

From Bureau of Medicine and Surgery

Question: Has the threat of biological warfare changed?

Answer: The threat of biological warfare has been a risk to U.S. forces for many years. DoD analysts maintain an updated evaluation of the level of threat, adjusting the information as necessary to reflect the risk to U.S. operations.

Assessment of the potential offensive biological threat facing American service men and women indicate it is necessary to have a robust biological defense program today. The threat is real and consequences are grave -- former Director of the CIA James Woolsey referred to it as the single most dangerous threat to our national security in the foreseeable future.

For more information visit the anthrax web site at <http://www.anthrax.osd.mil>

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Headline: Great Lakes TRICARE forum addresses beneficiary concerns

BY LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes PAO

GREAT LAKES, Ill. -- TRICARE beneficiaries from three Mid-America states recently learned about health, wellness and health coverage issues for 2000 during National Health Observance Days seminars at Great Lakes Naval Hospital.

Health benefits advisors, pharmacists, dieticians and TRICARE specialists provided information about pre-natal care for pregnant women, prescription services, and cholesterol advice, among other topics.

Beneficiaries also learned that pre-natal care for women will still occur at Naval Hospital Great Lakes, but deliveries will occur at Condell Medical Center in Libertyville, Illinois.

Even customers who had been affiliated with Navy Medicine wanted undated information about today's medical service.

"I am a retired Nurse Corps Officer with 27 years of service, and I wanted to learn more about the services the Great Lakes Naval Hospital can provide," said Lt. Cmdr. Dan

Fraze.

Jennifer Treffinger, health promotion specialist, provided information about breast cancer and cholesterol issues at her information table.

"We maximize National Health Observance Days in Great Lakes to keep our patient population not only aware of health issues but to seek appointments and be active in the prevention of disease," she said.

Treffinger said that September was Cholesterol Month and January 2000 is Cervical Health Month and in each of these months the Naval Hospital plans screenings, programs and general awareness of the diseases for TRICARE beneficiaries.

"We are trying to improve the systems, but we rely on these forums for us to be effective advocates between you and the healthcare contractors," Steve McGinnis, head of coordinated care told the audience.

Lt. Cmdr. Maria Marioni, MSC, head of pharmacy discussed drugs in the latest formulary. She said that it takes into consideration the needs of retirees and is more aligned with the three services.

To ease customer's concerns about health care when away from their normal catchment area, Health Benefits Advisor Estelle McKenna urged enrollees to take a TRICARE card listing toll-free numbers that could be called 24-hours a day. Using the numbers would expedite for hospitalization or care and avoid unnecessary costs.

The TRICARE Service Centers at Great Lakes and at other MTFs exist to help all beneficiaries make the most of their healthcare benefits, book appointments and help in the adjudication of claims.

Among the attendees at the forum was an infantry veteran of the Korean War who wanted help understanding his entitlements. He met service center representatives who are assisting him and his wife by explaining services offered at Great Lakes Naval Hospital.

Capt. Elaine Holmes, MC, commanding officer of Naval Hospital Great Lakes, urged retirees and those over 65 to get the most of their health benefits by seeking help from the TRICARE experts at the forum.

She described the services of the new Family Practice Wing, which has Blue and Gold Teams for easier access for patients. She said these procedures represent the way medicine will be practiced in the 21st century. The new wing combines access with one-stop shopping for medical care, preventive medicine, wellness and pharmaceutical needs.

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Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: Does the enrollment fee for retired members in TRICARE Prime have to be paid all at once, or can it be paid in installments?

Answer: It is permissible to pay the Prime enrollment fee in quarterly installments. There is no additional administrative fee for quarterly payments.

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Headline: Healthwatch: Detectors catch a deadly house guest
By Kimberly A. Rawlings, Bureau of Medicine and Surgery

WASHINGTON -- There could be a silent killer in your house - roaming the halls, lurking in every room and looming over your bed.

That silent killer is carbon monoxide, which is a colorless, odorless and tasteless gas that can kill you before you even realize it's inside your home.

"It can go undetected with no warning signs," said Lt. Cmdr. Michael Macinski, MSC, industrial hygiene officer.

Carbon monoxide is one of the most common indoor poisons, according to Macinski. Ten to 15 thousand people are diagnosed with carbon monoxide poison and 300 to 400 fatalities are reported each year.

When carbon monoxide is inhaled, it is immediately attracted to the hemoglobin in red blood cells. While in the bloodstream it displaces the oxygen that the cells need to function. If enough carbon monoxide is inhaled, you can essentially suffocate from the inside out, as the blood carries less and less oxygen throughout the body.

Carbon monoxide is a by-product from the incomplete combustion of gas, oil, kerosene or wood. Gas appliances (heaters, dryers, stoves, etc.) will normally produce very little, but kerosene and oil heaters produce higher concentrations.

Determining if you are being poisoned may be difficult. Known as the "The Great Imitator," carbon monoxide often gives symptoms that resemble other common diseases, such as the flu. Low level poisoning can give the symptoms of headaches, fatigue, nausea, dizzy spells and confusion. Exposure to a high concentration of carbon monoxide can be fatal in a matter of minutes.

If you suspect that you are suffering with carbon monoxide poisoning, have your doctor give you a carboxyhemoglobin test. This test can determine the amount of carbon monoxide currently in your body. The poisoning can be reversed if caught in time. Acute poisoning may result in permanent damage to parts of the body that require a lot of oxygen, such as the heart and brain.

But these medical extremes can be avoided if preventive measures are taken.

"Carbon monoxide detectors are an inexpensive way to save your life," said Macinski. "They are especially useful to people that use fossil fuel to heat their house, for example, natural gas, oil, kerosene or wood."

The Consumer Product Safety Commission recommends that consumers install at least one carbon monoxide detector in their home. Detectors should be installed near sleeping areas and at least ten feet from appliances. They should be

kept away from high air turnover - near ceiling fans and vents - that will mask carbon monoxide concentrations.

The standard detector requires the alarm to sound before an average, healthy adult begins to experience any symptoms. If the detector goes off, leave the house immediately and call the fire department from a neighbor's phone. Re-enter the home only after directed by the fire department.

Using the carbon monoxide detector will help you keep the unwanted guest, carbon monoxide, from your home.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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